## P11000087878

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	·	•
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<b>)</b>	cument rumber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE PLANASSEE. FLORIDA

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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Robert Starr, Inc		
(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	rticles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	TEDITIONAL CO	or reconed
FROM: Robert Starr	ne (Printed or typed)	
14 Slipper Trail		
	Address	
Palm Coast, FL 32164	, State & Zip	
386-313-3479	Telephone number	<del>_</del>
bob@bmitech.com	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2011

RORBERT STARR 14 SLIPPER TRAIL PALM COAST, FL 32164

SUBJECT: ROBERT STARR, INC. Ref. Number: W11000050000

We have received your document for ROBERT STARR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 711A00022441

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp	Robert Starr, Inc.					
ARTICLE II	PRINCIPAL OFFICE					
	Principal street address		Mailing address, if different is:			
14	Slipper Trail					
	lm Coast, FL 32164				-	_
<del></del>						_
ARTICLE III P	TIPPOSE					_
	ich the corporation is organized is:					
Outside Sales	on the corporation is organized is.			•		
ARTICLE IV S The number of share	<u>SHARES</u> s of stock is: / (one)			SECRETARY U	11 OCT -5 PH	
ARTICIE V 1	NITIAL OFFICERS AND/OR DIRECT	OPS		<b>声</b> 気	مۇنى سىمو	
	e:Robert Starrr, President		and Title:	유럽	*.	
Address:	14 Slipper Trail			5 0-71	<u> </u>	-
1144.000	Palm Coast, FL 32164					-
	Laini Suasi, 1 L 3/104	<del></del>				-
Name and Title	e:	 Name				-
Address:		Addre	ess:	<u></u>		_
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Name and Title	<u> </u>	Nomo	and Title:			
Address:						
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4 D/MICE D 177 D	2010/2010 4 4 5 1 1	<del></del>	<del></del>			-
	EGISTERED AGENT la street address (P.O. Box NOT acceptable	) of the ment	-tauad i			
Name:	Robert Starr		stered agent is:			
Address:	14 Slipper Trail					
radicss.	Palm Coast, FL 32164	<del></del>				
	1 WHAT THE SELLEN	<del></del>				
	NCORPORATOR					
The <u>name and addre</u>	ess of the Incorporator is:					
Name:	Peter Cavaliere					
Address:	125 Laramie Drive	<del></del>				
	Palm Coast , FL 32164					
Having been named this certificate, I am j	as registered agent to accept service of proc familiar with and accept the appointment as a Required Signature/Registered Agent	registered a <sub>l</sub>	above stated corpore gent and agree to act	ation at the place design this capacity		in
	Ranuira Cionatus Datastand A		<del></del>	-1/2/		
	Required Signature/Registered Agent			Date		
I submit this docume document to the Dep	ent and affirm that the facts stated herein o artment of State constitutes a third degree fel	are true. I d ony as prov	im aware that the fa ided for in s.817.155.	ulse information subm , F.S.	itted in	a
			-	1 1		
	Xell and xx			9/25/	11	
	Required Signature/Incorporator		<del></del>	Date		